**NOMINEE INFORMATION FORM**

Nomination for the position of

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| Name |
| Affiliated Society |
| Current Position  (*in Affiliated Society*) |
| Current Profession  (*in Academia, Hospital, etc.*) |

**Photograph (please use the space provided below)**

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**Brief Biography (not to exceed 200 words)**

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**Position Statement (not to exceed 200 words)**

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I agree to have my name placed in nomination for the above position, and if elected, to serve for the specified term.

Signature of Candidate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:

Phone:

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| Email: |